

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

09814634

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	42	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	42 minus 20=	22
INDEPENDENT CLAIMS	6 minus 3 =	3
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE	OTHER THAN OR SMALL ENTITY
RATE	RATE
BASIC FEE	355.00
OR	BASIC FEE
X\$ 9=	710.00
OR	X\$18=
X40=	120
+135=	
TOTAL	673
OR	TOTAL

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	• 42	Minus	• 42 =
Independent	• 16	Minus	• 6 = 10
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY OR	OTHER THAN SMALL ENTITY
RATE	ADDI- TIONAL FEE
X\$ 9=	
OR	X\$18=
X40=	
+135=	
TOTAL ADDITIONAL FEE	
OR	TOTAL ADDITIONAL FEE

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	•	Minus	• =
Independent	•	Minus	• =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

ADDITIONAL FEE	ADDITIONAL FEE
X\$ 9=	
OR	X\$18=
X40=	
+135=	
TOTAL ADDITIONAL FEE	
OR	TOTAL ADDITIONAL FEE

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	•	Minus	• =
Independent	•	Minus	• =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

ADDITIONAL FEE	ADDITIONAL FEE
X\$ 9=	
OR	X\$18=
X40=	
+135=	
TOTAL ADDITIONAL FEE	
OR	TOTAL ADDITIONAL FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005

FEE TRANSMITTAL
FOR FY 2005

AUG 18 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

~~\$2,000.00~~

Complete if Known	
Application Number	09/814,634
Filing Date	March 22, 2001
First Named Inventor	Naoya Katch et al.
Examiner Name	Rashawn N. Tillery
Art Unit	2612
Attorney Docket No.	1819/100131

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 14-1138 Deposit Account Name: Nixon Peabody LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-20238.

FEE CALCULATION

1. BASIC FILING, SEARCH AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

<u>Fee Description</u>	<u>Small Entity Fee (\$)</u>
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50 25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200 100
Multiple document claims	360 180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
22 - 42 =	0 x \$50 =	\$0	\$0			
HP = highest number of total claims paid for, if greater than 20						
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
12 - 6 =	6 x \$200 =	\$1200	\$1200			
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

08/29/2005	14130	00000001	14130	00000001	Number of each additional 50 or fraction thereof	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
01 FC:1201	800.00 DA	- 100 =	1 / 50 =		(round up to a whole number) x		

4. OTHER FEES

Non-English Specification, \$130 fee (no small entity discount)

Other: Request for Three-Month Extension of Time

\$1,020

SUBMITTED BY

Signature	<u>Gunnar Leinberg</u>	Registration No. 35,584	Telephone (585) 263-1014
Name (Print/Type)	Gunnar G. Leinberg	Date	August 15, 2005

CERTIFICATE OF MAILING OR TRANSMISSION [35 CFR 1.8(a)]

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on August 15, 2005.

Signature: Sherri A. Moscato

Name: Sherri A. Moscato

SEND TO: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450